

NINILCHIK INDIAN HOUSING PROGRAM

15910 Sterling Hwy.
P.O. Box 39070
Ninilchik, AK 99639
PH: 907 567-3313 / FX: 907 567-3308
E-mail: bob@ninilchiktribe-nsn.gov

SNOW-REMOVAL PROGRAM

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Ninilchik Indian Housing Program
Snow-Removal Program

SNOW-REMOVAL GUIDELINES

- ❖ Must be Alaskan Native or American Indian. (Need to have CIB or BIA card)
- ❖ Must be 62 or older.
- ❖ Or, have a disability (Read Qualifications Below), which makes you dependent upon Social Security. Proof of Disability must be a copy of your most recent SSD check
- ❖ Must own home and be living in the home.
- ❖ Must be at or below the 80% bracket of the most recent Federal Median Income for the Kenai Peninsula.
- ❖ Must have been assisted with a prior Housing Program other than the Snow Removal Program.
- ❖ Must turn in a complete program application with all required information.
- ❖ Limit is \$700.00 per home/household per year.
- ❖ If living in area outside of the NTC's currently awarded Plow driver's service area, and you know of a local Plow driver that is interested then you must contact Debra Henderson, Procurement Officer at the NTC office for approval. Verification of insurance from the vendor is a requirement.

Qualifications for the Elderly and Disabled Snow Removal Program as Disabled.

- Applicant must be within the NIHP Disable Policy, and therefore has been found eligible and is receiving SSDI from the Social Security Adm. &
- The Disabled party must be either the Applicant or Co-Habitant, &
- In households where there is, or are able-bodied person/s capable of conducting the snow removal, applicant must provide proof or sound reason as to why they cannot have the snow removal done by these or that able-bodied person/s. (Prior to verification of application, this letter will be reviewed and approved by the NTC Executive Director, and may be subject to Tribal Council approval.)

By signing below, I contest that I have read the above statement and understand and agree to all terms made by the Ninilchik Indian Housing Programs.

_____/_____/20_____
Applicant's Signature Date

_____/_____/20_____
Spouse or Co-Habitants Signature Date

NINILCHIK INDIAN HOUSING SNOW-REMOVAL PROGRAM

FY2004 NAHASDA INCOME LIMITS FOR ALASKA

Kenai Peninsula Borough Median Family Income \$64,600.00

Effective 03/20/2007

You must be at or Under the 80% Median Income to Qualify for This Program

1. Person Household: \$38,200
2. Person Household: \$43,650
3. Person Household: \$49,100
4. Person Household: \$54,550
5. Person Household: \$58,900
6. Person Household: \$63,300
7. Person Household: \$67,650
8. Person Household: \$72,000

Ninilchik Indian Housing Program
Snow-Removal Program
Snow-Removal Program Application

Date: _____

Other Names Used: _____

Physical Address: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone: _____

E-mail Address: _____

Village: _____ Tribe: _____

Emergency Contact: _____

High School Graduate? _____ Yes _____ No GED? _____ Yes _____ No

Month/ Year Graduated: _____

Name of School: _____

Location: _____

Are you a Veteran? _____ Yes _____ No Date of Service: _____ Branch: _____

Type of Discharge: _____

Please list all persons in you're household.

Please circle **DD** if an individual is (Developmentally Disabled) or **SN** of an individual is (Special Needs). Developmentally Disabled- Most provide proof that family member has a Developmental Disability.

Special Needs Child is:

- a) In Child Protective Care.
- b) An Indian Child Welfare Case.
- c) Physically or mentally challenged. (Physically or mentally incapacitated children are those that have a physical or mental impairment that acts as a significant barrier to education and or employment.
- d) Homeless.

If you need additional space, please enclose another page with application

Household Members Starting with Yourself	DD/ SS or NA (Not Applicable)	Last 12 Months Income	AK Native /Am Indian Or Other

Ninilchik Indian Housing Program
Snow-Removal Program

Application Checklist

Please Provide All Information Below.

Remember applications will NOT be started until ALL Information is provided.

- ❖ Application form - completely filled out and signed.
- ❖ Past 1 year signed income tax forms w/ 1099's & W-2's that were submitted to IRS. Or letter from the IRS, stating that you didn't have to file for each of the last 3 years.
- ❖ CIB- Certification of Indian Blood (issued by the Bureau of Indian Affairs).
- ❖ Picture ID, Drivers License or Passport.
- ❖ Original Social Security Cards or CLEARLY shown on Drivers license or State ID card for Applicant & Co-Applicant or any household member.
- ❖ If Disabled- Proof of Disability from the Social Security Administration.
- ❖ Proof of income for entire household for last 12 months.
- ❖ Proof of income for entire household for last 30 days. *Pay stubs, Pensions, Social Security, Disability Payments, VA payments, ATAP-AFDC-FS-AAP printout, Unemployment Benefits payment stubs, Child Support, Alimony.*
- ❖ Native Dividends check stub. Any payments received monthly, semi annual, or yearly.

Please remember, if information is not brought with you it will only delay the approval process.
If you have questions or if you need to make an appointment please call Bob at (907) 567-3313

I have read and supplied the above information and understand that providing false information will disqualify me and can result in legal action.

_____/_____/20_____
Applicant's Signature Date

_____/_____/20_____
Spouse/Co-Habitants Signature Date

Ninilchik Indian Housing Program
Snow-Removal Program
Income Sources

Please fill in the dollar amount for the type of income you have received for the last 30 days. The annual income, fill in the dollar amount you have received for the last 12 months. Ask for assistance if you do not understand. Verification must be provided.

Type of Income Received	30 Days	12 Months
Earned Income		
Unemployment Benefits		
TAN / ATAP		
General Assistance (GA)		
General Relief (GR)		
Social Security Income		
Child Support Income		
Foster Care Payments		
Food Stamps Received		
Alaska Permanent Dividend		
Native Corporation Dividends		
Native Corporation Dividends		
Are You A Vet? Yes / No		
VA Payments Received		
Other		

Monthly Expenses

Shelter Expense	Amount	Misc. Expenses	Amount
House Payment/ Rent		Car Payment	
Electricity		Car Insurance	
Heating		Groceries	
Phone (Base Charge Only)		Child Care	
Home Insurance		Other	
Other		Other	

Current Employment and /or Education/ Training Activity

Application Information	Applicant	Spouse/Co Habitant
Job Title/ Course of Study		
Employer / Training Institute		
Address		
Contact Person		

Residency

Residency Verified By: AK Perm Fund____ Fishing Lic. ____ AK. Lic. ____ Other ____

Other Being: _____

Staff: _____

Ninilchik Indian Housing Program
Snow-Removal Program
To Be Filled Out By Staff Official
Please Review to Make Sure All Information is Supplied.

Verification of Identity

Head () Drivers License/ State ID # _____ Exp. Date: ____/____/20____
 () Birth Certificate – State of Issue: _____
 () Other – Describe: _____

Spouse () Drivers License/ State ID # _____ Exp. Date: ____/____/20____
 () Birth Certificate – State of Issue: _____
 () Other – Describe: _____

Other () Drivers License/ State ID # _____ Exp. Date: ____/____/20____
 () Birth Certificate – State of Issue: _____
 () Other – Describe: _____

Verification of Indian Blood

BIA Card () Tribe: _____ Roll # _____
 Tribe Card () Tribe: _____ Roll # _____
 Other () Describe: _____ Roll # _____

Verification of Homeownership

Warranty Deed: _____ Quit Claim: _____ MHOA: _____
 Tax Valuation or Appraised Value: \$ _____ Balance Owning? Yes____ No____
 Statement from Lending Institution showing current balance owing: \$ _____
 Name of Lending Institution: _____ Ph: _____

Verification of Other Assets

Type of Asset: _____
 Current Balance: \$ _____ Interest Rate: \$ _____

Type of Asset: _____
 Current Balance: \$ _____ Interest Rate: \$ _____

Verification of Income

Source	Amount	Per	Verified By

Ninilchik Indian Housing Program
Snow-Removal Program
CLIENT RIGHTS/RESPONSIBILITIES

Rights

The Client has a right to...

- ❖ Be treated with respect.
- ❖ Be treated without regard to race, color, creed, national origin, religion, sex, sexual preference or age.
- ❖ Be treated without regard to disability unless treatment being provided makes treatment hazardous to the individual.
- ❖ Have all personal information treated in a confidential manner.
- ❖ Review his/her file with an appropriate staff present.
- ❖ Be fully informed regarding any and all fees associated with his/her services received from NIHP.

Responsibilities

The Client has the responsibility to.....

- ❖ Treat NIHP staff with respect.
- ❖ Be accurate and complete as possible when providing information to NIHP.
- ❖ To carry out NIHP program rules and regulations related to the program he/she is applying for.
- ❖ Actively participate in decision and perform those activities made in the decision making process regarding any services received from NIHP.
- ❖ Inform NIHP staff of any changes in address, income, etc.

CLIENT GRIEVANCE PROCEDURE

A procedure has been established and maintained by Ninilchik Indian Housing Programs to assist clients in resolving any complaints or grievances arising from a real or perceived violation of client rights.

No specific form is necessary to file a grievance, however a grievance must be in writing. You must clearly state the problem(s) by detailing the action taken or not taken by NIHP staff and outline possible solutions and / or resolutions.

An earnest effort will be made by NIHP staff to resolve problems encountered during all stages of program participation. The following steps outline the recommended procedure for attempting prompt resolutions to complaints/grievances regarding the service components of the Ninilchik Indian Housing Program:

1. Submit a complaint in writing to the NIHP Housing Director. An informal meeting will be scheduled to discuss the complaint. If the complaint cannot be resolved informally, the Housing Director shall, within 10 days after the receipt of the complaint, issue a written decision and inform the opportunity to further appeal the matter outlined in Step 2 below.
2. If unsatisfied with the written decision by the Housing Director, submit an appeal, in writing too the Ninilchik Traditional Council, C/O Executive Director, P.O. Box 39070, Ninilchik, AK 99639. A hearing will be scheduled within 30 days of receipt of the appeal. The Executive Director will issue a written response within 10 days of the hearing with the Ninilchik Traditional Council.

Ninilchik Indian Housing Program
Snow-Removal Program

Applicant Certification

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge. I understand that if I deliberately enter false information on this form, I may receive a \$10,000 fine, imprisonment for not more than two years, or both. I also understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application, removal from any eligibility list, or suspension from any NTC program participation and services.

_____/_____/20_____
Applicant's Signature *Date*

_____/_____/20_____
Spouse/Co-Habitants Signature *Date*

Ninilchik Indian Housing Program

15910 Sterling Hwy.

P.O. Box 39070

Ninilchik, AK 99639

PH: 907 567-3313 / FX: 907 567-3308

E-mail: bob@ninilchiktribe-nsn.gov

RELEASE OF INFORMATION

I/We, the undersigned, hereby authorize the release of any information via **fax** or hard copy concerning me, to the Ninilchik Indian Housing Programs / Ninilchik Traditional Council, located at 15910 Sterling Highway, P.O. Box 39070, Ninilchik, Alaska 99639. The requested information shall be used solely in the administration of NIHP programs, and a reproduction of this release is as valid as the original. **Contacts may include, but not be limited to:**

- ❖ Public Assistance
- ❖ Department of Labor
- ❖ Social Security Administration
- ❖ Veterans Administration
- ❖ Division of Vocational Rehabilitation (DVR)
- ❖ Employers
- ❖ Native Corporations
- ❖ Child Support Enforcement Agency
- ❖ Bureau of Indian Affairs
- ❖ Private Individuals
- ❖ Alaska Perm. Dividend Fund
- ❖ Alaska Senior Benefit Program
- ❖ NTC Tribal Services

Other (Please Name): _____

This authority shall continue until revoked in writing by the undersigned.

Applicants Signature	Date	Social Security Number
----------------------	------	------------------------

Printed Name

Spouse/ Co- Habitant Signature	Date	Social Security Number
--------------------------------	------	------------------------

Printed Name

Request to Release Confidential Records/Information

I, _____, Social Security No. _____,
(print your name)

do hereby request the State of Alaska, Department of Labor and Workforce Development, Employment Security Division, to release copies of documents and/or information, as specifically described hereon, from the confidential records maintained by the Employment Security Division, to:

Recipient: Ninilchik Indian Housing Programs, Attn: Bob Crosby or Danielle Self,

Street Address: 15910 Sterling HWY

Mailing Address: P.O. Box 39070

City: Ninilchik State: AK Zip Code: 99639

Telephone: (907) 567-3313 Fax: (907) 567-3308

Records/Information to Release: *(Please specifically describe the records and/or information you are requesting to be released to the recipient):*

Tax Wage Inquire for the years 2004 to the present.

Printout of all Benefits paid for the years 2004 to the present.

If benefits are being paid: Beginning Date _____ & End Date _____

Eligible for Extended Benefits? Yes: _____ No: _____

Purpose: If approved by the Employment Security Division, the specific purpose(s) for which the requested records or information about me are to be released is/are (describe or explain what you intend the records to be used for by the recipient named above), and are not to be used for any other purpose by the recipient named above, nor are the records to be re-disclosed by the recipient to any other party for any purpose:

Ninilchik Indian Housing Programs is required by HUD to verify the income of all applicants applying for assistance through their office, to verify that I am with in the NAHASDA Income Limits.

Authorization: (please sign your name below to authorize release of records and/or information to recipient named above for the purpose stated above)

(your signature)

(date)

My Authorization for release of Records/Information expires on _____
(date)

Please return the original signed copy of this Request to Release Confidential Records / Information form to:

Alaska Department of Labor and Workforce Development Employment Security Division

Attn: UI Support Unit/Custodian of Records

PO Box 115509, Juneau, AK 99811-5509

You may FAX a copy of this signed request form to the UI Support Unit. Fax Number: (907) 465-2741

Special Note: Alaska Statute (AS) 23.20.110 prohibits disclosure, re-disclosure or use of any confidential records or information maintained by the State of Alaska, Department of Labor and Workforce Development, Employment Security Division, for any purpose not authorized by AS 23.20.110, and without the express permission of the Employment Security Division. Under Alaska Statutes 23.20.110 and 23.20.115, whoever discloses, re-discloses, or mis-uses records or information declared, or otherwise considered to be confidential records or information under AS 23.20.110, is guilty of a Class B Misdemeanor.

As an individual requesting the disclosure of records, your request for disclosure may be denied by the Employment Security Division if disclosure is not allowed under Alaska Statute 23.20.110.

Please contact the UI Support Unit at (907) 465-4691, if you have any questions concerning the disclosure of confidential Unemployment Insurance or Wage records by the Employment Security Division.

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May 1988 p-88-2

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and rectification forms.

PURPOSE This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

PENALTIES FOR COMMITTING FRAUD The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or rectification forms contain false or incomplete information, you may be:

- * Evicted from your apartment or house:
- * Required to repay all overpaid rental assistance you received:
- * Fined up to \$10,000.00:
- * Imprisoned for up to 5 years; and/or
- * Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

ASKING QUESTIONS When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

COMPLETING THE APPLICATION When you give your answers to application questions, you must include the following information:

Income:

- * All sources of money you and any "adult" member of the family receive (wages, welfare payments, alimony, social security, pensions, etc.).
- * Any money you receive on behalf of your children (child support, social security for children, etc.).
- * Income from assets (interest from a savings account, credit union, or certificate of deposit, dividends from stocks, AK Perm Dividend, etc.).
- * Earnings from a second job or part time job.
- * Any anticipated income (such as a bonus or pay raise you expect to receive).

Assets:

- * All bank accounts savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you or any adult member of your family/household who will be living with you.
- * Any business or asset you sold in the last 12 months for less than its full value, such as your home to your children.

Family/Household Members:

- * The names of all of the people (adults and children) who will actually be living with you whether or not they are related to you.

Signing the Application

- * Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- * When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- * Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must rectify. You must report on rectification forms:

- * All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members.
- * Any family/household member who has moved in or out.
- * All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

Beware of FRAUD

You should be aware of the following fraud schemes:

- * **Do not pay any money to file an application.**
- * **Do not pay any money to move up on the waiting list.**
- * **Do not pay for anything not covered by your lease.**
- * **Get a receipt for the money you pay.**
- * **Get a written explanation if you are required to pay any money other than rent (such as maintenance charges, etc.).**

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD hotline at (202) 472-4200. This is not a toll free number. You can also write to the HUD Hotline, Room 8254, 451 Seventh Street, S.W., Washington, D.C. 20410.

I have read and understand this bulletin:

Applicant: _____ Date: _____

Co-Habitants: _____ Date: _____